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| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | Attorney Docket No. | 83317/00004 | Total Pages | 30 |
| | First Named Inventor or Application Identifier | | | |
| | Smith | | | |
| Express Mail Label No. | | EL344384639US | | |

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| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> | | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 15] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure | | 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(If applicable, all necessary)</i> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 5] | | ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input checked="" type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Other: |
| 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | | |
| 5. <input type="checkbox"/> Incorporation by Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | | |
| 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: | | |

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| 18. CORRESPONDENCE ADDRESS | |
| <input type="checkbox"/> Customer Number or Bar Code Label | <input checked="" type="checkbox"/> Correspondence address below |

| | | | | | | | |
|----------|--|-----------------------------|--|-----------|--|----------------|--|
| NAME | | Harter, Secrest & Emery LLP | | ATTN: | | John E. Thomas | |
| ADDRESS | | 700 Midtown Tower | | | | | |
| CITY | | Rochester | | STATE | | New York | |
| ZIP CODE | | 14604 | | FAX | | (716) 232-2152 | |
| COUNTRY | | United States | | TELEPHONE | | (716) 232-6500 | |

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| FEE TRANSMITTAL <i>Note: Effective October 1, 1997. Patent fees are subject to annual revision.</i> | | Complete if Known | |
| | | Application Number | |
| | | Filing Date | |
| | | First Named Inventor | Smith |
| | | Group Art Unit | |
| | | Examiner Name | |
| TOTAL AMOUNT OF PAYMENT | \$558 | Attorney Docket Number | 83317/00004 |

| METHOD OF PAYMENT (check one) | | | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 03-3875 Deposit Account Name: Cumpston & Shaw <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: center;">Fee Code</th> <th style="text-align: center;">Fee Paid</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Surcharge - late filing fee or oath</td><td style="text-align: center;">205</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet.</td><td style="text-align: center;">227</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Non-English specification</td><td style="text-align: center;">139</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> For filing a request for reexamination</td><td style="text-align: center;">147</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Requesting publication of SIR prior to Examiner action *</td><td style="text-align: center;">112</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Requesting publication of SIR after Examiner action *</td><td style="text-align: center;">113</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Extension for reply within first month</td><td style="text-align: center;">215</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Extension for reply within second month</td><td style="text-align: center;">216</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Extension for reply within third month</td><td style="text-align: center;">217</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Extension for reply within fourth month</td><td style="text-align: center;">218</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Extension for reply within fifth month</td><td style="text-align: center;">228</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Notice of Appeal</td><td style="text-align: center;">219</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Filing a brief in support of an appeal</td><td style="text-align: center;">220</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Request for oral hearing</td><td style="text-align: center;">221</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Petition to institute a public use proceeding</td><td style="text-align: center;">138</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Petition to revive - unavoidable</td><td style="text-align: center;">240</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Petition to revive - unintentional</td><td style="text-align: center;">241</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Utility issue fee (or reissue)</td><td style="text-align: center;">242</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Design issue fee</td><td style="text-align: center;">243</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Plant issue fee</td><td style="text-align: center;">244</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Petitions to the Commissioner</td><td style="text-align: center;">122</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Petitions related to provisional applications</td><td style="text-align: center;">123</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> Submission of Information Disclosure Stmt</td><td style="text-align: center;">126</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input checked="" type="checkbox"/> Recording each patent assignment per property Number of properties 1</td><td style="text-align: center;">581</td><td style="text-align: center;">\$40.00</td></tr> <tr><td><input type="checkbox"/> Filing a submission after final rejection (37 CFR 1.129(a))</td><td style="text-align: center;">246</td><td style="text-align: center;">\$0.00</td></tr> <tr><td><input type="checkbox"/> For each additional invention to be examined (37 CFR 1.129(b))</td><td style="text-align: center;">249</td><td style="text-align: center;">\$0.00</td></tr> <tr><td colspan="3">Other Fee (specify):</td></tr> <tr><td colspan="3">Other Fee (specify):</td></tr> <tr> <td colspan="2" style="text-align: right;">* Reduced by Basic Filing Fee Paid</td> <td style="text-align: right;">SUBTOTAL (3)</td> <td style="text-align: center;">\$40.00</td> </tr> </tbody> </table> | | | | Fee Description | Fee Code | Fee Paid | <input type="checkbox"/> Surcharge - late filing fee or oath | 205 | \$0.00 | <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet. | 227 | \$0.00 | <input type="checkbox"/> Non-English specification | 139 | \$0.00 | <input type="checkbox"/> For filing a request for reexamination | 147 | \$0.00 | <input type="checkbox"/> Requesting publication of SIR prior to Examiner action * | 112 | \$0.00 | <input type="checkbox"/> Requesting publication of SIR after Examiner action * | 113 | \$0.00 | <input type="checkbox"/> Extension for reply within first month | 215 | \$0.00 | <input type="checkbox"/> Extension for reply within second month | 216 | \$0.00 | <input type="checkbox"/> Extension for reply within third month | 217 | \$0.00 | <input type="checkbox"/> Extension for reply within fourth month | 218 | \$0.00 | <input type="checkbox"/> Extension for reply within fifth month | 228 | \$0.00 | <input type="checkbox"/> Notice of Appeal | 219 | \$0.00 | <input type="checkbox"/> Filing a brief in support of an appeal | 220 | \$0.00 | <input type="checkbox"/> Request for oral hearing | 221 | \$0.00 | <input type="checkbox"/> Petition to institute a public use proceeding | 138 | \$0.00 | <input type="checkbox"/> Petition to revive - unavoidable | 240 | \$0.00 | <input type="checkbox"/> Petition to revive - unintentional | 241 | \$0.00 | <input type="checkbox"/> Utility issue fee (or reissue) | 242 | \$0.00 | <input type="checkbox"/> Design issue fee | 243 | \$0.00 | <input type="checkbox"/> Plant issue fee | 244 | \$0.00 | <input type="checkbox"/> Petitions to the Commissioner | 122 | \$0.00 | <input type="checkbox"/> Petitions related to provisional applications | 123 | \$0.00 | <input type="checkbox"/> Submission of Information Disclosure Stmt | 126 | \$0.00 | <input checked="" type="checkbox"/> Recording each patent assignment per property Number of properties 1 | 581 | \$40.00 | <input type="checkbox"/> Filing a submission after final rejection (37 CFR 1.129(a)) | 246 | \$0.00 | <input type="checkbox"/> For each additional invention to be examined (37 CFR 1.129(b)) | 249 | \$0.00 | Other Fee (specify): | | | Other Fee (specify): | | | * Reduced by Basic Filing Fee Paid | | SUBTOTAL (3) | \$40.00 |
| Fee Description | Fee Code | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Surcharge - late filing fee or oath | 205 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet. | 227 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Non-English specification | 139 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> For filing a request for reexamination | 147 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Extension for reply within second month | 216 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Extension for reply within third month | 217 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Extension for reply within fourth month | 218 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Extension for reply within fifth month | 228 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Notice of Appeal | 219 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Filing a brief in support of an appeal | 220 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Request for oral hearing | 221 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Petition to institute a public use proceeding | 138 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Petition to revive - unavoidable | 240 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Petition to revive - unintentional | 241 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Utility issue fee (or reissue) | 242 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Design issue fee | 243 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Plant issue fee | 244 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Petitions to the Commissioner | 122 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Petitions related to provisional applications | 123 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Submission of Information Disclosure Stmt | 126 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Recording each patent assignment per property Number of properties 1 | 581 | \$40.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Filing a submission after final rejection (37 CFR 1.129(a)) | 246 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> For each additional invention to be examined (37 CFR 1.129(b)) | 249 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Fee (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Fee (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Reduced by Basic Filing Fee Paid | | SUBTOTAL (3) | \$40.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Large Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Description | Fee Code | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Utility filing fee | 201 | \$380.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Design filing fee | 206 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Plant filing fee | 207 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Reissue filing fee | 208 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Provisional filing fee | 214 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | \$380.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. CLAIMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Number Filed | Number Extra | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 31 | 11 | \$9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 4 | 1 | \$39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent Claims | 0 | 0 | \$41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Description | | Fee Code | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claims in excess of 20 | | 203 | \$11.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent claims in excess of 3 | | 202 | \$41.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claims | | 204 | \$135.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue independent claims over original patent | | 209 | \$41.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue claims in excess of 20 and over original patent | | 210 | \$11.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | \$138.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

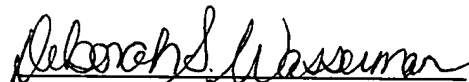
| | | | | | |
|-----------------------|----------------|--|--|---------------------------------|---------|
| SUBMITTED BY | | | | Complete (if applicable) | |
| Typed or Printed Name | John E. Thomas | | | Reg. Number | 34,070 |
| Signature | | | | Date | 9/8/99 |
| | | | | Deposit Account User ID | 03-3875 |

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